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HAWAII ADMINISTRATIVE RULES

TITLE 17

DEPARTMENT OF HUMAN SERVICES

SUBTITLE 12

MED-QUEST DIVISION

CHAPTER 1729

AFDC TRANSITIONAL MEDICAL COVERAGE

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SUBCHAPTER 1

GENERAL PROVISIONS

§17-1729-1 Purpose. This chapter describes the provision of medical assistance to certain persons and families whose AFDC benefits are terminated solely due to increased earned income. [Eff 02/10/97]
(Auth: HRS §346-14) (Imp: 346-14; 42 C.F.R. §430.25)

§17-1729-2 Definitions. As used in this chapter:
"Adult" means a person who is nineteen years old of age or older and is not a child under age twenty one who is in foster care placement or is covered by a subsidized adoption agreement. A person eighteen years old who is not dependent on and does not live with a parent, caretaker relative, or guardian may be an adult.

"Capitated rate" means the fixed monthly payment per person paid by the State to a medical, dental, behavioral health, or catastrophic coverage plan.

"Child" means a person under age nineteen who is dependent on and living with a parent, caretaker relative, or guardian. A person age twenty-one or

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younger, who is in foster care placement or covered by a subsidized adoption agreement, is also considered a child.

"Co-payment" means a specified dollar amount or percentage of a service charge for which certain enrollees are responsible to pay their health plans or the plans" providers for certain kinds of services, as specified in the contract between the State and the QUEST and QUEST-Net health plans.

"Enrollee" means a person who has selected or has been assigned by the department to be a member of a participating health plan."

"Premium-share" means the portion of the capitated rate paid to participating health plans that certain enrollees, based on their countable family income, are required to remit to the department to be eligible to be enrolled in the participating health plan.

"QUEST" means the demonstration project developed by the department which delivers medical, dental, and behavioral health services through health plans employing managed care concepts to certain persons formerly covered by public assistance programs including the Aid the Families with Dependent Children (AFDC) related medical assistance programs, General Assistance (GA), and the State Health Insurance Program (SHIP).

"QUEST-Net" means the medical assistance program established to provide coverage primarily for persons who become ineligible for QUEST or the fee for service medical assistance program for aged, blind, and disabled persons. QUEST-Net, in comparison to QUEST, provides a more basic health care benefits package for adults, requires lower premium-share for certain enrollees, and has more liberal asset retention limits. [Eff 02/10/97] (Auth: HRS §346-14) (Imp: HRS §346-14; 42 C.F.R. §430.25)

§17-1729-3 General provisions. (a) Persons and families whose AFDC benefits are terminated solely due to increased earnings shall be considered for coverage under the AFDC transitional medical assistance.

(b) To be eligible for AFDC transitional medical assistance, persons and families shall meet the requirements for this coverage as described in this chapter.

(c) All provisions for confidentiality, administrative appeals, fraud, and medical assistance

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recovery, as described in this subtitle, shall pertain to the AFDC transitional medical assistance coverage.

(d) All provisions in chapter 17-1724 related to the QUEST and that program's definitions, treatment, and availability of income shall apply to the AFDC transitional medical assistance coverage.

(e) Eligibility under the AFDC transitional medical coverage shall not extend beyond the twelve months immediately proceeding the last month in which an AFDC payment is made or would have been made, except that the payment was less than the minimum payment issued by the AFDC program.

(f) The twelve months of AFDC transitional medical coverage shall be provided to an eligible person in two six month periods.

(1) In the first six month period, an eligible person who meets basic and income eligibility requirements shall be provided coverage at no cost.

(2) In the second six month period, the eligibility requirements are the same as for the first six month period. However, unlike the first six month period, a premium-share based on countable family income may be assessed to the eligible persons.

[Eff 02/10/97] (Auth: HRS §346-14)
(Imp: HRS §346-14; 42 C.F.R. 430.25)

§17-1729-4 REPEALED. [Eff 02/10/97;
R 12/27/97]

§§17-1729-5 to 17-1729-6 (Reserved)

SUBCHAPTER 2

ELIGIBILITY

§17-1729-7 Eligibility. (a) To be eligible for AFDC transitional medical assistance coverage, a person must meet all of the following requirements:

(1) Received AFDC in at least three of the six month period ending in the month the last AFDC payment was made or would have been made; and

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- (2) Must have been an AFDC recipient whose benefits were terminated solely due to the increased earnings of a family member. A person whose AFDC benefits are terminated for any other reasons shall not be eligible for AFDC transitional medical assistance.
- (b) An employed adult who is eligible for mandated employer sponsored medical coverage shall be ineligible for AFDC transitional medical assistance.
- (c) To be eligible for AFDC transitional medical assistance, a person shall meet the basic and income eligibility requirements described in this subchapter. [Eff 02/10/97] (Auth: HRS §346-14) (Imp: HRS 346-14; 42 C.F.R. §430.25)

§17-1729-8 Basic eligibility requirements. To be eligible for AFDC transitional medical assistance, a person shall meet the basic eligibility requirements of U.S. citizenship or legal resident alien status, state residency, not residing in a public institution, and provision of a social security number, as described in chapter 17-1714. [Eff 02/10/97] (Auth: HRS §346-14) (Imp: HRS 346-14; 42 C.F.R. §430.25)

- §17-1729-9 Income eligibility requirements. (a) To be eligible for AFDC transitional medical assistance, a person's countable family income shall not exceed three hundred per cent of the federal poverty level for a family of applicable size.
- (b) The countable family income shall be determined in the following manner:
 - (1) For a pregnant woman and a child under nineteen years old who is born after September 30, 1983:
 - (A) Subtract a standard deduction of ninety dollars from the monthly gross earned income of each employed individual; and
 - (B) Add the monthly net earned income for each employed individual as well as any monthly unearned income to determine the countable family income.
 - (2) For all other family members, add the monthly gross earned income of each employed person and any monthly unearned income.
- [Eff 02/10/97; am 07/06/99] (Auth: HRS §346-14) (Imp: HRS 346-14; 42 C.F.R. §430.25)

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§§17-1729-10 to 17-1729-11 (Reserved)

SUBCHAPTER 3

FINANCIAL RESPONSIBILITIES OF RECIPIENTS

§17-1729-12 Premium-sharing. (a) In the second six month period of AFDC transitional medical assistance, if countable family income exceeds two hundred per cent of the federal poverty limit for a family of applicable size, an enrollee, regardless whether an adult or a child, shall be responsible for a premium-share equal to the cost of the QUEST-Net benefit package for an adult.

(b) A maximum of five enrollees in a family shall be assessed premium-shares. Premium for family members shall be assessed in descending order by date of birth. [Eff 02/10/97] (Auth: HRS §346-14) (Imp: HRS 346-14; 42 C.F.R. §430.25)

§17-1729-13 Co-payments. Any enrollee age twenty-one or older who is responsible for a premium-share will be responsible for all co-payments applicable to an enrollee age twenty-one or older in the QUEST-Net program. [Eff 02/10/97; am 06/19/00] (Auth: HRS §346-14) (Imp: HRS 346-14; 42 C.F.R. §430.25)

§§17-1729-14 to 17-1729-15 (Reserved)

SUBCHAPTER 4

COVERAGE

§17-1729-16 Coverage for adults. (a) An adult shall be provided coverage through enrollment in a QUEST-Net plan.

(b) An individual age twenty-one or older shall receive benefits included in the QUEST-Net benefit package as described in chapter 17-1728 for an individual age twenty-one or older. [Eff 02/10/97; am 06/19/00] (Auth: HRS §346-14) (Imp: HRS §346-14; 42 C.F.R. 430.25)

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§17-1729-17 Coverage for children. (a) A child shall be provided coverage through enrollment in a QUEST-Net plan.

(b) An individual under age twenty-one shall receive benefits provided to an individual under age twenty-one who is a QUEST-Net recipient.
[Eff 02/10/97; am 06/19/00] (Auth: HRS §346-14)
(Imp: HRS §346-14; 42 C.F.R. 430.25)

§§17-1729-18 to 17-1729-19 (Reserved)

SUBCHAPTER 5

ENROLLMENT AND DISENROLLMENT

§17-1729-20 Enrollment and plan changes. (a) A person eligible for AFDC transitional medical coverage shall, to the extent possible, be enrolled in QUEST-Net medical and dental plans administered by the same health insurance carriers that administered the QUEST plans in which the person was enrolled as an AFDC recipient.

(b) A person participating in the AFDC transitional medical coverage shall not be able to change from one medical or dental plan to another except in the following situations:

- (1) The health insurance carrier that administered the QUEST plan in which the person was enrolled as an AFDC recipient does not administer a QUEST-Net Plan; or
- (2) The person moves to a new residence which is not serviced by the QUEST-Net Plan in which the person is enrolled.

(c) A person participating in the AFDC transitional medical coverage shall not participate in the annual QUEST or QUEST-Net open enrollment period.
[Eff 02/10/97] (Auth: HRS §346-14) (Imp: HRS §346-14; 42 C.F.R. 430.25)

§17-1729-21 Disenrollment. (a) An enrollee may request disenrollment and termination of coverage at any time during the twelve months of coverage.

(b) An enrollee who is found ineligible for continued coverage shall be disenrolled and eligibility shall be terminated with adequate notice and, if

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mandated, timely notice. Situations causing determinations of ineligibility include, but are not limited to, when an enrollee dies, leaves the State, is admitted to and resides in a public institution, or cannot be located.

(c) In the second six month period of AFDC transitional medical coverage, an enrollee whose premium-share payments are two months in arrears shall be disenrolled and shall be deemed ineligible for continued coverage under the provisions of this chapter.

(d) A person or family who fails to provide information requested by the Department to determine eligibility and premium-sharing for the second six month period shall be deemed ineligible for coverage for the second six month period. In such situations, the person or family shall be disenrolled effective the last day of the sixth month of AFDC transitional medical coverage. [Eff 02/10/97] (Auth: HRS §346-14) (Imp: HRS §346-14; 42 C.F.R. 430.25)

§§17-1729-22 to 17-1729-23 (Reserved)

SUBCHAPTER 6

ADDITIONS TO THE FORMER AFDC FAMILY

§17-1729-24 Addition of members to the former AFDC family. (a) A family member may be added to the family as the family existed during the last month in which AFDC benefits were paid, if the maximum enrollment provisions of QUEST as described in chapter 17-1727 do not apply to that family member.

(b) If eligible, a new family member shall be added to the family as of the month of request.

(c) The new family member shall be subject to the eligibility and premium-sharing provisions of AFDC transitional medical coverage.

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(d) Coverage of the new family member shall not extend beyond the date on which the coverage terminates for the rest of the family. [Eff 02/10/97]
(Auth: HRS §346-14) (Imp: HRS §346-14; 42 C.F.R. 430.25)

§§17-1729-25 to 17-1729-26 (Reserved)

SUBCHAPTER 7

AFTER AFDC TRANSITIONAL MEDICAL COVERAGE

§17-1729-27 Termination of AFDC transitional medical coverage. (a) When a family exhausts their AFDC transitional medical coverage, the department shall determine whether the family is eligible for further medical assistance.

(1) A determination shall be made for eligibility for QUEST-Net.

(2) A determination shall be made for eligibility for QUEST and the family shall only be allowed to participate in QUEST if they are protected from the QUEST maximum enrollment provision.

(b) Eligibility determination shall be initiated, prior to the end of the AFDC transitional medical coverage, to ensure timely termination of the coverage or establishment of continued eligibility for medical assistance. [Eff 02/10/97] (Auth: HRS §346-14) (Imp: HRS §346-14; 42 C.F.R. 430.25)

§17-1729-28 Plan changes. (a) If determined eligible for continued coverage under QUEST-Net, the family shall not be allowed to change plans until the next open enrollment period.

(b) If determined eligible for QUEST, which employs managed care concepts, the family shall be allowed to change to a QUEST medical plan administered by a health insurance carrier different from the carrier that administered the QUEST-Net Plan in which they were enrolled. [Eff 02/10/97] (Auth: HRS §346-14) (Imp: HRS §346-14; 42 C.F.R. 430.25)